

State of Delaware
Department of Labor
Division of Unemployment Insurance
P. O. Box 9953
Wilmington, DE 19809
(302) 761-8482

ADJUSTMENT APPLICATION

Employer Name: _____ **State Account Number:** _____

Dear Sir or Madam:

We are amending Year-Quarter _____ **for the above referenced company as indicated below**

Total Wages Paid

1. Social Security No	2. Name of Employee	3. As Reported	4. Should Be
5. Totals			
6. Difference (+or-) Column 4 Total - Column 3 Total			

	As Reported	Correctly Reported	Net Change
7. Total Gross Wages Paid in Quarter			
8. Wages in Excess of \$10,500			
9. Taxable Wages			
10. Contribution Due			
11. Total Prior Payments			
12. Credit			
13. Balance Due - Check Attached			

14. Reason for Adjustment: _____

All approved credits may be used on subsequent filings on line 6 of UC-8 form

Signature: _____ **Title:** _____ **Date:** _____